

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 101691465 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3		2				
4		1				
5		1				
6		1				
7		1				
8		1				
9		2				
10		2				
11		2				
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40		2				
41		2				
42	1					
43	1					
44	1					
45						
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	43					
TOTAL CLAIMS	47					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						